

NEBRASKA STATE FIRE MARSHAL
FUELS DIVISION – FLST SECTION
246 SOUTH 14th STREET
LINCOLN, NE 68508-1804
(402) 471-9465



STATE USE ONLY
CERTIFY #: _____
DATE ISSUED: _____
EXPIRE DATE: _____
TEST SCORE: _____

APPLICATION FOR CONTRACTOR LICENSE

TYPE OF CERTIFICATION APPLIED FOR: CLOSURE ☐ INSTALLATION ☐ BOTH ☐

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE #: _____

FAX #: _____

OWNER: _____

INSURANCE CARRIER: _____

POLICY #: _____

EXPIRATION DATE: _____

CURRENT PROOF OF INSURANCE IS REQUIRED TO BE A LICENSED UST CONTRACTOR IN THE STATE OF NEBRASKA. A MINIMUM OF \$500,000.00 OF GENERAL LIABILITY COVERAGE IS REQUIRED WITH PROPER ENDORSEMENT FOR UNDERGROUND STORAGE TANK WORK. THE LICENSE MAY BE RENEWED BY SENDING THE REQUIRED PROOF OF INSURANCE.

I, _____, HEREBY CERTIFY THAT THE INFORMATION
CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ DATE: _____

NOTARY:
STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 2006

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

(MORE INFORMATION ON BACK)

NAME AND CERTIFICATION # OF INDIVIDUAL(S) EMPLOYED BY YOUR COMPANY:

APPROXIMATE NUMBER OF TANK CLOSURES / INSTALLS THAT THIS COMPANY HAS:

SUPERVISED:

PARTICIPATED IN:

REMOVALS:

CLOSURE IN PLACE:

INSTALLATION:

LIST ANY LICENSES, SCHOOLS, OR TRAINING SEMINARS / WORKSHOPS YOU HAVE ATTENDED FOR TANK CLOSURE / INSTALLATION TRAINING:

TITLE

PRESENTED BY

DATES

(ATTACH ADDITIONAL PAGES IF NEEDED)